

**ADT CHECKLIST**

Agency \_\_\_\_\_  
 Individual(s) \_\_\_\_\_  
 Reviewer \_\_\_\_\_

Location \_\_\_\_\_  
 Staff Name(s) \_\_\_\_\_  
 Date \_\_\_\_\_

<b>FIRE EXTINGUISHERS</b>	<b>Met</b>	<b>Not Met</b>	<b>RECORDS</b>	<b>Met</b>	<b>Not Met</b>
a. Two (2) or more	<input type="text"/>	<input type="text"/>	a. Crisis Plan	<input type="text"/>	<input type="text"/>
b. ABC Rating	<input type="text"/>	<input type="text"/>	b. Current POC	<input type="text"/>	<input type="text"/>
c. Strategic Locations	<input type="text"/>	<input type="text"/>	c. Behavior Support Plan	<input type="text"/>	<input type="text"/>
<b>ACCESSIBILITY</b>			d. Staff Training	<input type="text"/>	<input type="text"/>
a. Risks/Hazards	<input type="text"/>	<input type="text"/>	e. Consent for Emergency Treatment	<input type="text"/>	<input type="text"/>
b. Entrances/Doorways	<input type="text"/>	<input type="text"/>	f. Photographs - recognizable	<input type="text"/>	<input type="text"/>
c. Bathrooms/Kitchens	<input type="text"/>	<input type="text"/>	g. 351 or CH/Vocational Assessments	<input type="text"/>	<input type="text"/>
d. Storage Areas	<input type="text"/>	<input type="text"/>	h. Transition Plan, if applicable	<input type="text"/>	<input type="text"/>
<b>SAFETY</b>			k. Time & Attendance	<input type="text"/>	<input type="text"/>
a. Evacuation Plans	<input type="text"/>	<input type="text"/>	l. Documentation of off-site location	<input type="text"/>	<input type="text"/>
b. Drill Reports	<input type="text"/>	<input type="text"/>	m. Off-site activity related to outcomes	<input type="text"/>	<input type="text"/>
c. Modified Signal Systems	<input type="text"/>	<input type="text"/>	<b>MEDICATIONS</b>		
d. Water Temperature not to exceed 120 degrees	<input type="text"/>	<input type="text"/>	a. Prescriptions or Physician's order	<input type="text"/>	<input type="text"/>
<b>RIGHTS RESTRICTIONS</b>	<b>YES</b>	<b>NO</b>	b. Storage requirements	<input type="text"/>	<input type="text"/>
Movement, Possessions, Money, Privacy & Etc.	<input type="text"/>	<input type="text"/>	c. Travel Container Lables	<input type="text"/>	<input type="text"/>
a. Due Process	<input type="text"/>	<input type="text"/>	d. MAR Recordings	<input type="text"/>	<input type="text"/>
b. Treated with dignity & respect	<input type="text"/>	<input type="text"/>	e. Self-Administration	<input type="text"/>	<input type="text"/>
<b>INDIVIDUAL OUTCOMES</b>			<b>SMOKE DETECTORS</b>		
a. Participate in the life of the community	<input type="text"/>	<input type="text"/>	a. Two (2) or more.	<input type="text"/>	<input type="text"/>
b. Significant & meaningful accomplishments	<input type="text"/>	<input type="text"/>	b. Strategic locations	<input type="text"/>	<input type="text"/>
c. Educated & informed of options for best health	<input type="text"/>	<input type="text"/>	<b>OTHER</b>		
d. Received education & training on AN & E	<input type="text"/>	<input type="text"/>	a. Paying minimum wage?	<input type="text"/>	<input type="text"/>
<b>NUMBER OF INDIVIDUALS IN SAMPLE THAT ATTEND THIS SITE</b>	<input type="text"/>		b. If not, DOL Special Wage Certificate?	<input type="text"/>	<input type="text"/>
<b>ORIENTATION PROVIDED RE: EMPLOYMENT</b>	<input type="text"/>	<input type="text"/>	c. Signature and entitlement on logs?	<input type="text"/>	<input type="text"/>
<b>IN THE COMMUNITY AT LEAST ANNUALLY</b>			d. Productive work that benefits the	<input type="text"/>	<input type="text"/>
			organization must be paid commensurate with general work force		
			e. Other _____		

